# Department of Employee Trust Funds GROUP LIFE INSURANCE ADMINISTRATION MANUAL

#### **CHAPTER 16 — TERMINATION OF GROUP INSURANCE COVERAGE**

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# 1600 Date of Termination of Employee Coverage

Group life insurance coverage on the employee's life will terminate on the earliest of the following:

- The last day of the calendar month following the month in which the employee terminated employment from the employer, including paid leave, unless the employee qualified for a disability premium waiver (refer to Chapter 14) or qualified and applied to continue group insurance coverage after termination (refer to Subchapter 1603).
- Thirty days after the date of expiration of an authorized leave or layoff during which the
  employee continued coverage by paying premiums in advance if the employee does not go
  back to work.
- The last day of the month following the month in which the employee cancels coverage by filing a *Life Insurance Application/Cancellation/Refusal* (ET-2304) with the employer.
- The last day for which premiums were paid, when an employee lets coverage lapse. This most often applies to an employee who is continuing coverage during an unpaid leave, layoff, or discharge appeal.

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- At the end of 60 days, when an insured employee who is receiving earnings fails to pay premiums. The 60-day period begins at the end of the last month for which premiums were paid.
- The date a disability waiver of premium is terminated because of the employee's recovery or failure to provide medical certification.
- The date on which the employer's participation is discontinued by action of the governing body of a local government employer, the Department, or the Group Insurance Board. This does not apply to former employees who have continued coverage after termination or during periods of disability.
- The date the employee turns age 70 (except Basic coverage at the final reduced amount and Age 70 and Over Additional).
- For Age 70 and Over Additional coverage only, the date the employee terminates employment.

Note: See Subchapter 1612 for a Quick Reference chart on Termination Dates.

# 1601 Date of Termination of Spouse and Dependent Coverage

Spouse and Dependent coverage ceases on the earliest of:

- The end of the month following the month in which the employee terminates employment.
- The date the employee reaches the insurance reduction age (usually age 65) if the employee's premiums have been waived due to disability.
- The date the employee's coverage ceases as provided Subchapter 1600.
- Ninety days after the employee dies.
- For a spouse, on the date a divorce decree is entered.
- For a child, the earliest of the end of the calendar year in which the child:
  - > Reaches age 19 if not a full-time student, or
  - > Reaches age 25 if a full-time student, or
  - > Is over age 19 and ceases to be a full-time student, or
  - ➤ Is no longer dependent on the employee for at least 50% of support or maintenance.
- For a child who marries, the end of the calendar month in which the child marries.
- For a child who is incapable of self-support due to a long-term physical or mental disability, the date the disability ceases or the date of marriage, whichever is earlier, regardless of age or student status.

# 1602 Termination of Coverage for Active Employees Who Reach Age 70

Supplemental, Additional, Accidental Death and Dismemberment and Spouse and Dependent coverages cease when an insured active employee reaches age 70. Basic coverage automatically continues at a reduced amount. For many local government employers, the final reduced amount is 25% of the employee's Basic coverage amount at the time the employee reached age 70. See Subchapters 300 and 906.

The employee may apply for Age 70 and Over Additional coverage if the employer offers the Additional plan. Refer to Subchapters 302 and 406.

If the employee has Spouse and Dependent coverage, the employee's spouse and/or dependent may convert to an individual policy. Refer to Subchapter 1611.

#### 1603 Eligibility to Continue Group Life Insurance After Employment Terminates

- A. To be eligible to continue group life insurance after termination, the employee must have:
  - 1. WRS coverage prior to 1990 (without taking a separation benefit for this period of service

#### OR

2. At least one month of life insurance coverage in each of five calendar years after 1989.

#### AND

- B. One of the following:
  - 1. The employee is receiving an immediate WRS annuity or has met all of the requirements except the filing of an application; **OR**
  - 2. Has 20 years of service comprised of years of WRS creditable service earned prior to 1/1/1990 plus years of group life insurance coverage after 1989; **OR**
  - 3. Has 20 years of service, including part-time and/or non-WRS-covered service with the employer from which the employee is terminating.

NOTE: Private Pension Plan Participants--Private pension employers (Wisconsin public employers who do not participate in the WRS) must certify that the employee has at least 20 years under their retirement plan. The *Employee/Employer Certification* (ET-4620) serves as the employee's application for continued group coverage as well as the employer's certification of insurance coverage and years of service. This form is available from ETF.

### 1604 Employer Responsibilities When an Employee Terminates Employment

NOTE: Special options may be available to employees who are terminating because of disability. Refer to Chapter 14.

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It is the employer's responsibility to:

- A. Identify when the last premium payment is due.
- B. Inform the employee of the date life insurance coverage will end.
- C. Refund any overpayments.
- D. Inform the employee of options for continuing or converting life insurance coverage and provide the proper application form.

	nployee Conditions at the time of rmination	Conversion or Continuation	Subchapter for Details	Forms
1.	Insured less than six continuous full months at the time coverage ends.	Neither	1603 & 1611	None
2.	Insured for six or more continuous months at the time coverage ends; <u>qualifies</u> for group coverage.	Continuation	1603 & 1609	ET-2154
3.	Insured for six or more continuous months at the time coverage ends; does not qualify for group coverage.	Conversion	1611	ET-2306
4.	Under age 70 having spouse and dependent coverage in force prior to termination for at least six months.	Conversion (Spouse & Dependent Coverage)	1611	ET-2306
5.	Individuals too young to retire but qualifying for group life coverage after termination.	Continuation	1603 & 1609	ET-2154
6.	Individuals at retirement age choosing to defer retirement benefits and qualifying for group life coverage after termination.	Continuation	1603 & 1609	ET-2154
7.	Individuals choosing to begin a WRS annuity or lump sum payment within 31 days of qualifying for continued coverage.	Continuation	1606 1607 & 1608	ET-4802 (Completed by ETF)

# 1605 Employer Responsibilities When An Employee Is Considering Retirement

If you are aware that an employee is considering retirement:

A. Advise the employee to contact ETF at least six to twelve months before the planned retirement date. ETF will send the employee a retirement packet including a brochure entitled *Your Group Life Insurance When You Retire* (ET-4104). An evaluation of the employee's eligibility to continue insurance will be included.

- B. Inform the employee to consider the impact their retirement date may have on qualifying for insurance continuation.
  - The employee may qualify for insurance continuation, which otherwise would not be available, by working until he/she:
    - 1. Meets the 20-year requirement, **OR**
    - 2. Reaches minimum retirement age. (Minimum retirement age is age 50 for protective or age 55 for teachers, general, educational support personnel, elected, and executive employees.) (Wis. Stat. §40.72(4)).
  - The employee may want to postpone retirement until after the end of the calendar year in order to qualify for a higher post-retirement coverage amount.
- C. Advise the employee to complete a *Life Insurance Application/Cancellation/Refusal* (ET-2304) to cancel coverage if the employee does not wish to continue coverage through the annuity.

#### 1606 Coordinating Premium Payment with Annuity Deduction

- A. There is no required employer contribution for employees who continue coverage after retirement.
- B. ETF deducts premiums from the annuity. If the annuity is not large enough, MLIC will bill the annuitant directly. The annuitant's premium continues to age 65. The cost for each level of coverage will be the same as prior to retirement, and will be adjusted in the future based upon the annuitant's age and premium rate changes.
- C. If a local government employer wishes to pay all premiums for a retired employee up to age 65, billing can be arranged by MLIC. The employer must notify ETF's Benefit Appraisal Section in writing that it agrees to pay the entire premium until age 65. ETF will then certify the employer-paid coverage to MLIC using the *Group Life Insurance Certification of Coverage* (ET-4802). These retirees will appear as a separate billing unit on the employer's monthly billing.
  - NOTE: If a local government employer wishes to pay just a portion of the retiree's premium, it can simply reimburse the retiree up to the desired amount.
- D. If the employee meets the eligibility criteria to continue Group Life Insurance as explained in Subchapter 1603 and the employee's WRS annuity effective date is within 31 days after the date insurance coverage ends, no continuation application is required.
  - EXAMPLE: Employee terminates on June 8 and is eligible to continue life insurance coverage. Coverage would normally end on July 31, but it will be automatically continued by ETF if the employee takes a retirement annuity that begins on or before August 31.
- E. Coverage for Age 70 and Over Additional Insurance will end on the date the employee terminates employment. Premiums should be deducted only for coverage through the month of the employee's retirement. Excess premiums that may have been taken for coverage month(s) beyond the employee's month of retirement must be refunded.

- F. Determine when the last premium payment is due and refund any over-payments. If the employee retires:
  - 1. Before the 11th of the month and will begin a WRS annuity, a premium deduction should be taken for only the coverage month following termination.
  - 2. After the 10<sup>th</sup> of the month and will begin a WRS annuity, a deduction should be taken for the second coverage month following termination.
- G. Use the following table to determine whether premiums are to be deducted from the retiring employee's salary, to avoid a lapse in coverage.

Conditions of Er Retirement		Deductions to be Employer from Sa		Deductions to be Made by ETF from Annuity Checks		
Employee retires on or before the to month and applie immediate annuit	enth of the s for an	Deduct monthly premiums from employee's salary through the month prior to retirement, for coverage one month beyond the month of termination.		Premiums for coverage beginning two months after the termination month will be deducted from employee's first annuity check.		
Example						
Retirement	Age at	Last Premium	For coverage	First Annuity	For coverage	
Date Retirement		deducted from in:		Deduction	in:	
		Salary in :		made in:		
12/10	64 yrs. 0 mos.	November	January	December	February	

Conditions of Er	nployee	Deductions to b	e Made by	<b>Deductions to be Made by ETF</b>		
Retirement		<b>Employer from</b>	Salary	from Annuity Checks		
Employee retires	before age 65	Deduct monthly	premiums	Premiums for coverage		
after the tenth of	the month and	from employee's	salary in the	beginning three n	nonths after the	
applies for an imr	nediate annuity.	month of termin	ation, for	termination month will be		
		coverage two mo	onths beyond	deducted from employee's first		
		the month of termination.		annuity check.		
Example						
Retirement	Retirement Age at Last F		For coverage	First Annuity	For coverage	
Date Retirement		deducted from	in:	Deduction	in	
		Salary in :		made in		
12/31	64 yrs. 0 mos.	December	February	January	March	

Conditions of Er Retirement	nployee	Deductions to b Employer from	•	Deductions to be Made by ETF from Annuity Checks		
Employee retires later.	at age 65 or	Deduct monthly from employee's coverage during a month while th was still working deduct premium for any month for termination.*	premiums s salary for any portion of ne employee g. Do not s for coverage	No premiums will be deducted from annuity checks after age 65, for <u>any</u> retiree.		
Example						
Retirement	Retirement Age at		For coverage	First Annuity	For coverage	
Date	Date Retirement		in:	Deduction made in	in	
12/10	65 yrs. 0 mos.	October	December	None		

\* Supplemental and Additional coverage ceases at the end of the month of termination. Spouse and Dependent coverage will cease at the end of the month following the month of termination, therefore, although premiums cease for all employee coverage, premiums for Spouse and Dependent coverage should be deducted for coverage following the month of termination.

# 1607 ETF Certifies Group Life Insurance Coverage for Annuitants

Basic coverage for annuitants over age 65 will continue for life at a reduced amount with no premiums due. When the employee applies for an annuity, ETF will prepare a *Group Life Insurance Certification of Coverage* (ET-4802). A sample of this form is in Subchapter 1608. The employer representative, the retiree, and MLIC will each be sent a copy. If any of the information certified by ETF (e.g., premium paid through, coverage amount and type, and termination date) disagrees with the employer's records, the employer representative should contact ETF to determine if a correction will be made.

# 1608 Group Life Insurance Certification of Coverage (ET-4802)

Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

# GROUP LIFE INSURANCE CERTIFICATION OF COVERAGE

Wis. Stat. § 40.72

Name (Last, First	1)	-	Bi	rthdate (MM/DD/CCYY)		Social S	Social Security Number		
Employer Name				nployer No. 9-036-	Termina	Termination Date (MM/DD/CCYY)			
You qualify t	o cont	inue your Wisco	onsin Public Emp	loyers Group I	_ife Insur	ance.			
<u>lifetime</u> . when you Depende	Any Su u termir nt cove	upplemental, Add nate covered emperage, if any, will	der, no further prer itional, and/or Acc ployment, or on yo end at the end of 70 <sup>th</sup> birthday, if ea	idental Death & ur 70 <sup>th</sup> birthday the month follow	Dismemb whicheve	erment co er is earlier	verage(s · Your S	) will end pouse and	
premium: Accidenta if any, wil	s are d al Deat Il end a	<u>ue and the policy</u> h & Dismembern	your retirement ar remains in force f nent coverage(s) v nonth following the	or your lifetime. vill end at age 6	Any Sup 5. Your S	plemental, pouse and	Addition Depend	al, and/or ent coverage	
			ns Deducted		tions Will Be		Τ .		
Monthly Prem	ium	Mo. Deducted	r Employer  Coverage For		From Your Annuity  Mo. Deducted Coverage For		Last Premium Will Be Deducted (мм/ссүү		
\$			*	*				· · · · · · · · · · · · · · · · · · ·	
\$									
			AMOUNT OF INS	URANCE IN FO	ORCE				
	PERCE	NT OF INSURANCE		AMOU	NT OF COV	ERAGE			
AGE		VERAGE TO BE CONTINUED		SUPPLEMENTAL/ADDITIONAL – UNIT 1, 2, 3 (If Ap			Applicable)		
	CONTINUED		BASIC	SUPP.	ADD-	1 .	ADD-2	ADD-3	
Prior to Age 65		100%**	\$	\$	\$	\$		\$	
While Age 65		75%	\$						
While Age 66		50%***	\$						
Age 67 & After		25%	\$						
** Your cove terminatio	rage re n, your	mains at 100% wh coverage remains	overage beyond thing ile under WRS emp at 100% until age 6 in force on and afte	loyment, until you 5.	ır retiremer	nt date (or a	ge 70, if e	•	
a) b)	All sta	te employees; and				-		_	
Date (MM/DD/CCYY):		Prepared By:				Teleph	one Numbe	er:	

NOTE TO EMPLOYER/EMPLOYEE: If the coverage base or premiums reported above are not correct, you must advise this office. ET-4802 (REV 3/99)

# 1609 Completing the Continuation Application

NOTE: Employees who will begin a WRS annuity within 31 days of the date coverage ends should not file this form. ETF will automatically arrange for continuation.

If a terminating employee qualifies (or may qualify) to continue group life insurance, give the employee the *Continuation Application* (ET-2154). This form includes a work sheet that permits the employee to determine whether he or she is eligible for continuation.

- A. Employer completes Parts A, B and C of the application as noted below and keeps the employer ply.
  - 1. Employee name, Social Security number, sex, and date of birth.
  - 2. Date employment began with this employer. (This is the employment hire date not the WRS enrollment date.)
  - 3. Date employment terminated with this employer. (This is the WRS termination date.)
  - 4. Last coverage month for which premiums were paid.
  - 5. Previous calendar year WRS earnings.
  - 6. Amount of employee's coverage under Basic, Supplemental and/or Additional Plans. Complete as of the date of termination. (Coverage amounts may increase on January 1 based on the employee's previous year of earnings, provided the employee is still on payroll on January 1.)
  - 7. Monthly employee premium for each coverage. Do not include the required employer contribution.
  - 8. Total annual premium for all coverages.
- B. Employee completes the Employee Section, returns the top two plies to ETF and keeps the employee copy.
- C. The application will be processed by ETF and the employee will be billed for the coverage by MLIC.

# 1610 Continuation Application (ET-2154)

#### DEPARTMENT OF EMPLOYEE TRUST FUNDS **CONTINUATION APPLICATION Group Life Insurance** P.O. Box 7931 Madison, WI 53707-7931 Section 40.72 (4), Wis. Stats. EMPLOYER: Complete the information in Parts A, B, and C below. Keep the employer ply for your records, then give the entire form, including the cover sheet, to the employee. A. EMPLOYEE NAME (Last, first middle, maiden/former) Social Security Number Date Employment Terminated Birthdate (MM/DD/CCYY) Date Employment Began With SEX This Employer (MM/DD/CCYY) $\square$ M $\Box F$ Last Coverage Month For Which Premiums Were Paid: Previous Calendar Year WRS Earnings (Premiums are for the month of termination and the following month. Refund any premiums paid for later months.) B. CURRENT COVERAGE AMOUNT AND ANNUAL PREMIUM MONTHLY PREMIUM **CURRENT ANNUAL PREMIUM** PLAN BASIC X 12 = \$ \$ \$ X 12 = \$ SUPPLEMENTAL \$ \$ \$ X 12 =\$ **ADDITIONAL** \$ TOTAL \$ TOTAL COVERAGE PREMIUM C. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that to the best of my knowledge and belief, the information is true and correct. Employer Agent Signature Date Prepared (MM/DD/CCYY) Telephone Number ETF Employer Number Prepared By 69-036-Local Employer Billing Unit No. Employer Name/ WI Department of EMPLOYE: Complete the information below, sign and date the form, and return it to the Department of Employee Trust Funds within 31 days after the date your insurance coverage ends. Make a photocopy for your records. 1. Check any of the statement(s) that apply to you: I was covered under the Wisconsin Retirement System (WRS) before 1990. ☐ I was covered under the group life insurance plan for a part of at least 5 calendar years. If you checked either statement, go to question 2. If neither statement applied to you, you do not qualify to continue the insurance. 2. Check any of the statement(s) that apply to you: 🔲 I am receiving an immediate WRS annuity, or I meet all the requirements for receiving an immediate WRS annuity except filing The sum of my creditable years of WRS service before January 1, 1990 plus the number of years I have participated in the life insurance plan beginning on January 1, 1990 equals 20 years. The number of years I have been employed with my last employer is 20 years or more. If you did not check any of the above, you do not qualify to continue life insurance. If you checked at least one of the above, you qualify to continue the life insurance. If you qualify, please answer questions 3 and 4 below. 3. I want to continue all of my current coverage listed above in Section B. ☐ Yes ☐ No\* \*If you answered "No", please complete and attach an Application Cancellation/Refusal form (ET-2304) indicating which coverage you wish to cancel. 4. I prefer to be billed: Annually Semiannually Premiums are due until age 65. They are based on the current rates in effect for your age group. Certification/signature: I have read the entire "Continuation Application" and I understand it. I wish to continue my group life nsurance coverage. I understand that if I fail to pay premiums in the future, my insurance coverage will lapse on the last day for which premiums were paid and will not be reinstated unless premiums are paid within 30 days. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify

1

Telephone Number (8 a.m. - 4 p.m.)

Zip

State

ET-2154 (REV 06/2001)

Street

Date (MM/DD/CCYY)

Address

that to the best of my knowledge and belief, the information is true and correct.

City

Employee Signature

# 1611 Conversion to Individual Policy

If coverage terminates under the first two conditions as described in Subchapter 1600, the employee may apply for an individual life insurance policy during the 31-day period following termination of coverage, provided insurance has been in force <u>during the entire six months</u> <u>preceding termination</u> (Wis. Stats. § 40.70 (9)). An insured spouse or dependent child may also convert his or her amount of coverage under the Spouse and Dependent Plan to an individual policy. Medical examination or evidence of insurability is not required, but the following conditions apply.

### A. Written Application

Written application must be made and the first premium paid within 31 days after termination of coverage. The policy will be issued at the end of the 31-day period. The premium rate is dependent upon the:

- type(s) of coverage
- amount(s) of coverage
- insured's age (based on the nearest birthday)
- insured's risk class

The application form and rate tables are included in the *Information/Application for Converting Group Life Insurance* brochure (ET-2306). The employee may download the form from ETF's Internet site at etf.wi.gov. This form may also be requested directly from MLIC by calling (608) 277-8690. Questions concerning conversion may be directed to:

Minnesota Life Insurance Company P.O. Box 259708 Madison, WI 53725-9708

If coverage has lapsed for over 30 days without premium payment and the employee does not resume active employment, the employee may not convert the insurance to an individual policy.

#### B. Type of Individual Life Insurance

The individual life insurance policy may be any type customarily issued by MLIC, except term life insurance. Currently, the conversion policy is a whole-life policy that builds cash value. It does not provide for waiver of premiums or accidental death benefits.

# C. Amount of Insurance

The employee chooses an insurance amount, equal to or less than the amount of insurance in effect immediately prior to termination.

#### D. Deaths during the Conversion Period

If the insured's death occurs in the 31-day conversion period the full amount of group life insurance will be paid, whether or not the insured had applied for conversion or paid the first premium for the individual policy.

EVENT	Occurrence Date	Last Premium Due For Coverage Month Of:	Coverage Ends	Continuation or Conversion Application Due	Last Spouse & Dependent Premium Due For	Spouse & Dependent Coverage Ends	Spouse & Dependent Conversion Application Due
Termination of Employment Under age 65 and no immediate annuity	June 10	July	July 31	Aug 31	July	July 31	Aug 31
Retirement	June 1-10	July	N/A*	N/A*	July	July 31	Aug 31
Under age 65 (Continuing Annuitant Coverage)*	June 11-30	August	N/A*	N/A*	July	July 31	Aug 31
Age 65 – 69	June 10	June	June 30	N/A	July	July 31	Aug 31
Age 70 and older with Age 70 and Over Additional Coverage	June 10	June	June 10	N/A	N/A	N/A	N/A
Active Employee Turns Age 70**	June 10	May	June 10	June 9 (for Age 70 and Over coverage only)	May	June 10	July 11
Appealing a Dismissal	June 10	July	July 31	Coverage may continue after an involuntary discharge if the discharge is appealed within 30 days after it occurs. Employee pays both the employee and employer share during the appeal.			
Leave of Absence/Layoff	June 10	July	July 31				
Death	June 10	June	N/A	N/A	June	Sept. 8	Sept. 8
Cancellation (date employer receives form)	June 10	July	July 31	N/A	July	July 31	N/A
	Before coverage is effective	No premium due	N/A	N/A	N/A	N/A	N/A

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**Quick Reference on Termination Dates and Premiums** 

EVENT	Occurrence Date	Last Premium Due For Coverage Month Of:	Coverage Ends	Continuation or Conversion Application Due	Last Spouse & Dependent Premium Due For	Spouse & Dependent Coverage Ends	Spouse & Dependent Conversion Application Due
Disability Waiver of Premiums Approval Date	June 10 (last day paid)	June	N/A	N/A	June	N/A	N/A

- \* Coverage does not end, and no application is required for continuation of coverage if the employee qualifies for continuation and will begin a WRS annuity by the date the continuation application would otherwise be due. ETF automatically arranges for continuation of premium deductions. A cancellation form must be filed if the annuitant wishes to discontinue any or all coverage.
- \*\* All Supplemental, Additional and Spouse and Dependent coverage ends on the date an active employee turns age 70. Basic coverage remains at the final reduced amount. Employee may apply for Age 70 and Over Additional coverage within 30 days prior to attaining age 70. The employee's spouse and/or dependent may convert.